

CENTERS OF INFLUENCE EVENT FUND REQUEST					
For use of this form, see USMEPCOM Reg 601-4					
1. From:			2. To:		
MEPS			SECTOR		
3. Type of event:		4. Date of event:		5. Co-sponsor (if any):	
6. Vendor:		7. Number of attendees projected:		8. Number of attendees MEPS will pay for:	
9. Purpose of event: <input type="checkbox"/> To train educators on ASVAB-CEP <input type="checkbox"/> To influence new schools to schedule the ASVAB-CEP <input type="checkbox"/> To request assistance of attendees to increase the number of students participating in schools where test is offered <input type="checkbox"/> To solicit assistance of district/state level education officials to encourage use of ASVAB-CEP <input type="checkbox"/> To persuade traditional "Option 8" schools to change option <input type="checkbox"/> Other (specify) Description of intended ASVAB presentation:					
10. MEPS sponsored attendees:					
Cost per meal \$ _____ + gratuity \$ _____ = total cost per meal \$ _____ . Total cost per meal \$ _____ x number of meals MEPS will purchase _____ = total amount requested _____ .					
SIGNATURE (MEPS Commander)			DATE:		
SIGNATURE (Sector Commander)			DATE:		
<div style="text-align: center;"><input type="checkbox"/> Approved <input type="checkbox"/> Not approved (If not approved, explanation is provided in accompanying memorandum.)</div>					
SIGNATURE (Dir, OPS, HQ USMEPCOM)			DATE:		